	Jrider the Papers	work Reduction A	ct of 1995,	no persons are rei	quired to respond	U.S. Patent and I to a collection of in	Frademark Off formation unle	ce; U.S. I	DEPARTMENT O	F COMMERC
	PA	TENT APPL		N FEE DET	N RECORD		Ice: U S. DEPARTMENT OF COMMERCE ess il displays & valid OMB control number Aghir Displays & Valid OMB control number			
CLAIMS AS FILED - PART! (Column 1) (Column 2)						CAMALL CALTERY		OR	OTHER THAN	
					SMALL ENTITY		1	SMALL	ENTITY	
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. 16	if the difference in column 1 is less than zero, enter '0' in column 2				JATOI		CR	IOIAL		
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7	750			(Calumn 2).	(Calumn 3)	SMALL E	ENTITY	ύR		R THAN ENTITY
FNIA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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ļ	112/0	20				TOTAL ADD'L FEE	•	ç#	TO AL AUD'L FEE	
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ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA ***	RATE	ADDI-		RATE	ADDI-
\leq	Total (37 CFR 1,16(c))		Minus		=		FEE		· · · · ·	FEE
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_	<u>:</u> _	(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR 1,16(c))	•	Minus	**	=		FEE		l	FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		L	. x s =		OR.	x s=			
_1		ALOR OF MULTIP	LE DEPENDI	ENT CLAM (37 CF	R 1.16(d))	+ s=		OR	+ 5=	
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If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amough of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Oppartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commitation of Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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